

## Agreement for the Use of 317-Funded Vaccines

### PROVIDER AGREEMENT

***To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:***

1.	<p>Federally-funded Section 317 vaccine doses will be administered to any individual aged 19 years and older, meeting one or more of the following eligibility categories:</p> <p>A. 317 vaccine-eligible adults:</p> <ul style="list-style-type: none"> <li>• Uninsured: An adult without any health insurance coverage (public or private coverage).</li> <li>• Underinsured: An adult who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines.</li> </ul> <p>B. fully insured individuals seeking vaccines during identified public health response activities* including:</p> <ol style="list-style-type: none"> <li>(1) outbreak response</li> <li>(2) post-exposure prophylaxis</li> <li>(3) disaster relief efforts</li> <li>(4) mass vaccination campaigns or exercises for public health preparedness.</li> </ol> <p>* Requires pre-approval from the California Department of Public Health (CDPH) prior to the use of 317-funded vaccine for the above activities.</p> <p>Eligibility screening will be conducted prior to the administration of each vaccine dose and eligibility status will be documented in the program's <a href="#">317 Eligibility Screening Form</a>, or California Immunization Registry (CAIR), or Electronic Health Record (EHR) containing the required documentation elements found in the 317 Eligibility Screening Form.</p>
2.	<p>Vaccine doses will be administered in compliance with the most recent <a href="#">immunization schedule</a>, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless:</p> <ol style="list-style-type: none"> <li>a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or</li> <li>b) the patient declines particular immunizations.</li> </ol>
3.	<p>Patients immunized with 317-funded vaccines will not be billed for the cost of the vaccine, however an administration fee of up to \$26.03 per vaccine dose may be charged to patients. If the individual is unable to pay the administration fee, the vaccine dose will not be denied and the administration fee will be waived.</p>
4.	<p>Current Vaccine Information Statements (VIS) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a></p>
5.	<p>Immunization of patients will be documented using either CAIR, EHR, <a href="#">317 Vaccine Usage Log</a>, or a similar paper log containing the required documentation elements found in the 317 Vaccine Usage Log. The total number of patients immunized with 317 doses and inventory on-hand will be promptly reported to CDPH with each 317 vaccine request. Vaccine doses administered as part of CDPH approved outbreak control and prevention activities will be documented, tracked, and reported according to established guidelines.</p>
6.	<p>The patient's written 317 eligibility status and all records related to immunization of adults with 317-funded vaccines will be retained for three (3) years. If requested, these records will be made available to CDPH. Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.</p>

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7.	<p>Standards for vaccine management outlined in the Vaccines for Children (VFC) Program's Provider Agreement Addendum will be followed, including:</p> <ul style="list-style-type: none"> <li>a) vaccine ordering and maintaining appropriate vaccine inventories;</li> <li>b) storing vaccine under proper storage conditions at all times;</li> <li>c) monitoring and documenting vaccine storage unit temperatures on VFC temperature logs;</li> <li>d) returning all spoiled/expired 317-funded vaccines to the Centers for Disease Control and Prevention's (CDC) centralized vaccine distributor within six months of spoilage/expiration.</li> </ul> <p>Refrigerator and freezer vaccine storage units and temperature monitoring equipment must meet CDPH VFC Program storage and handling requirements.</p>
8.	<p>Organization will operate within the 317 Vaccine Program guidelines intended to avoid fraud and abuse as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the 317 Vaccine Program.</p>
9.	<p>Authorized representatives of the 317 Vaccine Program will be permitted to visit the facility in order to review compliance with policies and procedures.</p>
10.	<p>Vaccine purchased with federal funds (317) that are deemed non-viable due to provider negligence may be replaced on a dose-for-dose basis.</p>
11.	<p>I understand that the CDPH, Immunization Branch or my practice/organization may terminate this agreement at any time. If the agreement is terminated, any unused federal 317-funded vaccines will be properly returned to the California Department of Public Health Vaccines for Children Program, who administers the Section 317 Vaccine Program.</p>

To agree to these federal requirements, type your name, your medical license number, today's date, and sign in the boxes below.

<p><b><i>By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the requirements listed above for the use of 317-funded vaccines and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</i></b></p>	
<p>Medical Director or Equivalent Name (print)</p>	
<p>Medical License Number</p>	
<p>Signature</p>	<p>Date</p>
<p>Name (print) <i>Second individual as needed</i></p>	
<p>Medical License Number</p>	
<p>Signature</p>	<p>Date</p>